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PRINTED: 07/18/2016 FORM APPROVED

Division of	of Health Service Re	egulation			LIVEL DATE CLIENTY					
STATEMENT OF DEFICIENCIES (X1) PR		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED					
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 01							
		HAL074037	B. WING		05/19/2016					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
2920 WILLIAMS ROAD										
RED OAK ASSISTED LIVING GREENVILLE, NC 27834										
(X4) ID PREFIX TAG	X4) ID SUMMARY STATEMENT OF DEFICIENCIES REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL ATTOM OF USE DESCRIPTION INFORMATION)		PREFIX • TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D SE COMPLETE					
C 000 Initial Comments		C 000								
1	Report of a Biennia Frank Strickland or	al Construction Survey by n 05/19/2016:								
	Records indicate that this facility was licensed on 07/15/1992 as Red Oak Manor. This facility is currently licensed for (62) beds. Based on this information, this facility is required to meet the 1991 Rules for Homes for the Aged and Disabled and Minimum Standards and Regulations and the applicable components of the 2005 Regulations for Adult Care Homes of Seven or more Beds. The facility is also required to meet the 1978 (w/revisions) North Carolina State Building Code; Group I - Unrestrained Occupancy.									
	Correction is requi		C 164							
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 104							
	10A NCAC 13F .00 FURNISHINGS (a) Adult care hom (1) have walls, ce coverings kept cle (2) have no chron (3) have furniture	PHYSICAL PLANT 306 HOUSEKEEPING AND res shall: illings, and floors or floor an and in good repair; ic unpleasant odors; clean and in good repair; Il apply to new and existing			6-1-16					
	1Based on obsermaintained the co- resident rooms in resident by not hat allowing outside e	net as evidenced by: rvation, the facility has not verings on the PTAC units in good repair. This could affect ving openings around the units elements to get into the rooms.		Completed						
A	Findings on 05/18	0			(XX) DAYE					
THE PROPERTY OF PR										
LABORATORY DIRECTORS OF PROVIDENCE STATES Action strator +- 18-16										
		()	L. Landau		If continuation sheet 1 of 4					

STATE FORM

ABY021

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 8. WING 05/19/2016 HAL074037 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2920 WILLIAMS ROAD RED OAK ASSISTED LIVING GREENVILLE, NC 27834 PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 184 completed 6-1-16 C 164 Continued From page 1 The exterior PTAC cover was not installed for Room 112. 2-Based on observation, the facility has not maintained the wood finishes of the interior doors in good repair. Findings on 05/19/2016: Ongoing repairs Some of the resident entry room doors are scratched, marked and have damaged edges due wheel chair interaction at the following locations: (a) 100 Hall (Resident Room entry doors are scratched) (b) 200 Hall (Resident Room entry doors are 2-12-16 scratched) reported (c) Med Tech Office at Front Lobby (Damaged edges) (d) Room 103 (Scratched and edge damage) 3-Based on observation, the facility has not maintained the exterior wood finishes of the exterior doors. Completed 5- 10-16 Findings on 05/19/2016: The rear Mechanical Room exterior door has peeling paint. C 189 Building Equipment Maintained Safe, Operating C 189 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.

ABY021

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING: 01 05/19/2016 HAL074037 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2920 WILLIAMS ROAD RED OAK ASSISTED LIVING GREENVILLE, NC 27834 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 189 C 189 Continued From page 2 repaired/ complete 5-20-16 This Rule is not met as evidenced by: 1-Based on observation, this facility has failed to maintained in a safe and operating condition the emergency lighting. This would affect all residents, staff and visitors if the agress pathways were not illuminated during a power outage. repaired/complete 5-2016 Findings on 05/19/2016: The emergency wall light that is located in the 100 Hall (#5 emergency light) did not illuminate when tested in the emergency mode. C 199 C 199 Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: soiled finen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1-Based on observation, this facility failed to provide an environment in accordance with this Rule by not providing ventilation where odors are generated. This could affect residents and staff

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X1) PROVIDER/SUPPLIER/CLIA	(XZ) MULTIPLE CONSTRUCTION ((X3) DATE SURVEY COMPLETED				
	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:	01	COMP	LETEU				
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	NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, 8	STATE, ZIP CODE					
		2920 WILLIAMS ROAD								
ĺ	RED OAK	ASSISTED LIVING		LLE, NC 27						
				LLE, NO 27		241	(205)			
	(X4) ID PREFIX TAG	PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)					
H				C 199						
	C 199	C 199 Continued From page 3			gard.					
l		has assistantian threat	to house-keeping odors.		venting tans		1.0.1			
1		by subjecting them	to nouse-keeping doors.		1) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1+1ed 6-8-16	P.O.N			
1			2010		150 1000 - COUR					
1		Findings on 05/19/2	2016:							
1		The mechanical ex	haust fans are not exhausting							
1	Interior air in the following locations: (a) Main Laundry Room (b) Rear Mechanical Room									
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		(c) Unisex Bathroo	m in Service Hall							
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